NATIONAL HEALTH SERVICE CORPS EDUCATIONAL PROGRAM FOR CLINICAL AND COMMUNITY ISSUES IN PRIMARY CARE

A PRECEPTING GUIDE

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Produced under contract no. 240-91-0022

October 1, 1994

Revised by

AMERICAN MEDICAL STUDENT ASSOCIATION

Produced under contract no. 240-94-0040

June 30, 1999

for

U.S. Department of Health and Human Services
Public Health Service
Health Resources and Services Administration
National Health Service Corps

by

American Medical Student Association/Foundation
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Reston, Virginia 20191

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OVERVIEW

In communities throughout the country, practicing clinicians and health professional school faculty are increasingly enthusiastic about students' interest in practical, community-based education. Some schools seeking grants or federal funding are required to target their education toward preparing students for serving medically underserved populations. Many health professional educational programs now offer community-based clinical experiences, and many schools are integrating this type of training into required rotations, preceptorships, clerkships, and externships.

This guidebook promotes community-based, primary care training experiences for health professional students by:

- **Providing information to design and implement these experiences**
- **Offering strategies to strengthen connections with clinical training sites away from the hospital and promote primary care career choices**
- **Recommending ways to develop objectives that meet the needs of the community-based clinician, the student, the academic faculty, and the community needs**
- **Addressing key issues, including learning contracts, evaluation tools, ongoing communication, and program development**

This guidebook is a resource for community-based clinicians, students, and educators interested in developing and expanding primary care training. It will be particularly useful to health professionals in community health centers, migrant health centers, independent practices, and health maintenance organizations offering health care services to residents of underserved areas.

Three Important Benefits

Community-based, primary care clinical experiences for *health professional students* advance four vital goals for the nation's health care future:

1. They promote primary care career choices in medically underserved areas.
2. They expose students to practice styles and practice management strategies that have been in development at the community-based site to increase access to care for medically underserved populations (offering sliding fee scales for patients with no medical insurance and limited income, servicing a high volume of Medicaid and Medicare assignment, offering various outreach efforts).
3. They develop links between medical center–based faculty committed to primary care education and community-based health care providers.

4. They give students positive experiences working with multidisciplinary teams in community-based settings and help students develop the skills necessary for multidisciplinary cooperation and growth.

In addition, community-based clinical experiences can provide students with opportunities to begin to develop the kinds of awareness, knowledge, and skills that can strengthen effectiveness in working with multicultural groups and communities. Even those who plan to practice in relatively homogeneous communities can benefit from opportunities to gain insight into how age, gender, sexual orientation, educational, and economic differences can influence the provider-patient relationship. Such awareness, introduced early and often into student experiences, can strengthen the professional foundation for effective practice and lifelong professional development and learning.

The Key Role of the Preceptor

Although there is a shortage of primary care providers throughout the United States, the most acute need is in rural areas and inner cities. The community-based clinical experience is often a student's first exposure to these settings, where delivering health services can be challenging and where the work environment is very different from the academic medical center.

Primary care providers who serve as community-based preceptors are the link between the uninitiated student, the health care program, and its consumers. Preceptors act as clinical educators, supervisors, and role models. In the best situations, they are also recruiters who can give students realistic assessments of the challenges and rewards of primary care. However, because of limited staffing and resources at many practices serving underserved populations, such providers often need substantial support to coordinate the logistics of precepting, including housing arrangements, communication with faculty at the students' academic institution, scheduling interdisciplinary experiences during the rotation, resources for any required projects, and a mechanism for tracking the residency and/or practice choices of the student for future recruitment purposes. These forms of support can be provided by a community-based rotation coordinator who is easily accessible to the community-based preceptor, the students, and their training institutions.

PROGRAM DEVELOPMENT FOR COMMUNITY -BASED EDUCATION

In this section:

- **Affiliating with a site**
- **Recruiting and selecting preceptors**
- **Selecting and assigning students**
- **Establishing programmatic educational goals**
- **Developing a curriculum**
- **Coordinating faculty development for preceptors**
- **Implementing the program**
- **Evaluating the experience**

Community-based clinical preceptorships are offered in programs that educate allopathic and osteopathic physicians, dentists, nurse practitioners, nurse-midwives, and physician assistants. They are generally elective clinical rotations of 4 to 12 weeks during the school year or during vacations.

Primary faculty are providers based in community and migrant health centers, community practices, health maintenance organizations, and other health care organizations. In some cases, faculty at the academic center coordinate the programs in conjunction with community preceptors and serve as the major link between the clinical experience and activities at the teaching hospital and professional school. In other cases, the community-based center or outside coordinator—in the case of NHSC, Student and Resident Experiences and Rotations in Community Health (SEARCH) programs—coordinates the program.

Affiliating with a Site

There are different requirements for different health professions. In addition, requirements will vary depending on the degree of formality of the arrangement, with some arrangements being formal while others are informal. More often, the arrangement is becoming formal because of increasing competition among academic institutions to provide training in medically underserved areas or in areas that have a shortage of health professionals. The following are requirements for a formal affiliation.

Academic program requirements for community-based training sites include:

- A designated, supervised call schedule
- Provision of a full range of clinical services
- Privileges at a JCAHO-accredited hospital
- Board eligibility or certification of the primary preceptor and appropriate licensure of interdisciplinary clinical staff who may assist in precepting the student

When there is mutual agreement to affiliate for the purpose of student education, a written contract or affiliation agreement is signed by all parties. This agreement includes:

- Purpose and goals of the agreement
- Compliance with any applicable laws or ordinances
- Duration of the agreement
- Termination process
- Malpractice liability
- Academic requirements of each institution

The agreement covers methodology for selecting trainees and preceptors, evaluation requirements, arrangements for student room and board, if any, and reimbursement for travel. It includes optional provisions for:

- Linkages between the training site and the academic institution
- Faculty development
- Access to academic resources
- Remedies for difficulties experienced by either party

Representatives of the educational program and the training site identify roles and responsibilities for the following participants:

- Site administrator
- Site clinical director
- Preceptor
- Student
- Academic program liaison, such as family medicine clerkship, family nurse practitioner or physician assistant, community health rotation, and so forth
- Director of the training program (this individual can be academic institutional staff or an entity representing the training sites, the primary care association, or primary care office)
- Program coordinator at the community-based site
- Program coordinator at the academic program

Recruiting and Selecting Preceptors

Preceptors are recruited through personal and professional relationships as well as programmatic outreach from the academic institution or other entities arranging externships, such as NHSC SEARCH programs. Potential preceptors may approach health professional training programs, or students may express an interest in working with specific community-based clinicians or programs.

When an educational program or community-based training site develops a recognized community-based option for students, a systematic preceptor selection approach is necessary.

With the completion of an affiliation agreement, the academic program or training program director solicits applications for preceptors. Factors to consider in selecting preceptors include:

- Availability for supervision of students
- Academic background
- Clinical specialty
- Previous teaching experience
- Professional stature

Preceptors should possess the following assets:

- Motivation for clinical teaching
- Interest in the mentor/student relationship
- Strong clinical skills
- Knowledge of practice management
- Understanding of the social/cultural composition of the community and cultural competency skills
- Knowledge and insight about specific family structure, communication, and decision-making patterns among culturally diverse groups and subgroups within the community
- Awareness, knowledge, and skills needed to respond in ways that are culturally competent and that tend to be effective in any situation that involves cultural differences (such as core principles related to assumptions, two-way communication, respect, and so forth)
- Ongoing commitment to continually develop cultural competence in order to respond effectively to emerging issues and trends
- Good relationships with site staff/health care team
- Demonstrated community involvement
- Strong commitment to continued professional work with underserved and/or special populations

Academic programs offer incentives to preceptors, which may include:

- Clinical faculty appointment
- Voluntary attending appointment at the teaching hospital
- Access to university libraries and services
- Clinical consultation
- Participation in continuing professional education
- Precepting stipends to offset the community-based site's costs of teaching

If possible, a personal interview with potential preceptors is helpful. Interest, commitment, and openness to participation in a program during its developmental period are important indicators of success. All parties should have realistic expectations of students and of the demands that precepting will make on professional practice.

The practice site and the academic program can use the interview to gain a full understanding of the preceptor's expectations in the areas of:

- Student supervision
- Liaison with the educational program
- Academic and evaluation requirements
- Realistic commitment for the academic year

Diverse practice settings and differing clinical and administrative responsibilities require that some preceptors agree to supervise one student for 4 to 12 weeks each year, while others agree to year-round, part-time preceptorship with a variety of students.

Selecting and Assigning Students

Prior to participating in a community-based clinical experience, students must have completed some pre-clinical components of their educational program. They must have basic history taking and physical examination skills and some familiarity with patient care settings. Each training program has additional requirements of its own. Physician assistant and nurse practitioner students participate in externships as part of their clinicals, often as one of their initial rotations. First- and second-year medical students often do externships prior to clinical training in the third year.

Academic faculty or the training program director match students with community preceptors and clinical sites using their knowledge of preceptor and student interests to promote a mutually beneficial relationship. A good student-preceptor match is often the key to productive learning. Structured interviews or written applications in which students describe their backgrounds as well as their clinical and community-oriented training goals for the requested rotation are helpful in confirming a match. Whenever possible, students should visit or communicate by telephone or teleconference with their training sites before starting their clinical training rotation.

It is useful for academic programs to maintain historical files on the site in order to provide previous participants' perspectives. These files should contain:

- Student evaluations of preceptors
- Descriptions of the clinical experience
- Descriptions of community-oriented primary care opportunities available
- Maps of the clinical site area
- Site visit reports by faculty
- Copies of any student reports
- Process for requesting a rotation at that particular site

Information about cultural groups and subgroups, economic conditions and health status, and opportunities and experiences related to addressing the needs of culturally diverse population groups can be a useful addition to such files.

Establishing Programmatic Educational Goals

In many cases, such as the NHSC SEARCH rotations, the academic institution establishes programmatic educational goals for community-based clinical experiences. The preceptor should be involved in establishing these goals as part of their own teaching objectives prior to participating in the program. Institutions often involve community-based preceptors, students, faculty, and staff in developing goals.

Goals for all students in community-based rotations include emphasis on primary care practice and skills; establishment of a certain number of patient contact hours per week; compilation of required case studies, history and physical write-ups, and other written materials; and exposure to and sensitivity to cultural influences on an underserved community's access to and utilization of primary care services. These goals acknowledge that patients seen in community practice sites differ from those seen in hospital settings in background, health status, and expectations.

Academic programs may provide educational direction to preceptors, including observation and feedback techniques, regularly scheduled meetings with the student, and evaluation techniques. Academic faculty are often expected to complete site visits, provide group and individual faculty development, and assist in mediating problems.

Community-based training sites often have their own educational goals specific to the interests of preceptors, administrators, and community board members. Sites provide these goals to the academic program for integration into student requirements. Examples of such goals are that students participate in a home visit, observe a community board meeting, develop cultural insights and competencies, work with an interpreter, or participate in a health education or community outreach program.

Developing a Curriculum

A well-defined curriculum plan is needed to achieve the goals of community-based education. It should be summarized in materials distributed to faculty, preceptors, and students. Objectives should include specific clinical skills, interdisciplinary coordination of patient care, community-oriented primary care activities including activities to develop the students' cultural sensitivity, progress reports, and other requirements.

The preceptor and student negotiate to integrate student interests and academic requirements. Individual interests must be sharply focused if they are to be accommodated within the short educational block of time. The preceptor and student develop a unique set of goals that can be summarized in a learning contract.

Coordinating Faculty Development for Preceptors

Faculty development for preceptors provides opportunities for discussion, continuing education, and joint educational and research projects. These activities are often organized by academic faculty and associated staff with input from preceptors.

Programs sometimes host visiting speakers, journal clubs, and seminars that bring academic and community faculty together.

Resources in the areas of community-oriented primary care, behavioral science, and clinical teaching are helpful to community preceptors and faculty. Materials from other programs and professional organizations committed to community-based care and service to medically underserved populations, as well as clinical and public health journals, are very useful.

Implementing the Program

Implementation begins with a finalized affiliation agreement. Programs are most successful when a program director takes primary responsibility in coordinating the student placement, in conjunction with the program coordinators at the community site and the academic program.

The program director oversees orientation, participant selection, scheduling, housing, logistics, and troubleshooting on behalf of students, preceptors, and faculty. This responsibility encompasses coordination of orientation to ensure that all participants are fully informed about the programmatic educational goals and objectives. Orientation includes preparation of all descriptive materials and standardized forms, organization of meetings with preceptors and students, and liaison with the training site administration. Demographics and current health status indicators, as well as on-site and area health care resources, are very helpful, especially if the student is not from the area or is unfamiliar with the cultural aspects of the community. Maps to the training site and housing may also be necessary.

Ideally, ongoing site visits are made with students. In the case of placements at great distances from the program, the director maintains telephone or e-mail contact with students and preceptors (a pre-established schedule is useful).

Evaluating the Experience

Evaluation of the community-based clinical experience is based on-site visits or telephone/teleconferences during the rotation, student evaluations of preceptors, preceptor evaluations of students, and ongoing discussions among all participants. Student evaluation is determined by measuring achievement of objectives required by the educational program and individualized goals included in the learning contract. Achievement is based on completion of patient logs, written reports, preceptor observation, and other criteria.

Training programs may involve evaluation specialists or other faculty in the evaluation process. This evaluation can be based on analysis of written forms required of students and preceptors, qualitative interviews with participants, focus group discussions, and site visits. Evaluation of students can be based on preceptor reports, pre-test/post-test measurement of skills, and comparison studies that examine the numbers of students choosing the community-based experience and those in more traditional settings.

Educational programs that specifically prepare clinicians to work in underserved areas may want to initiate a longitudinal study of graduate career choices. Personal and professional decisions related to the participant's background (such as rural or urban, strong ties to any specific cultural groups), family needs and interests, geographic area, practice model, and specialization can be tracked over time. Findings of such evaluative research can contribute to programmatic improvements and design of new community-based experiences.

STUDENT GUIDE TO COMMUNITY-BASED CLINICAL EXPERIENCES

In this section:

- **Orientation to the clinical experience**
- **Financial and logistical arrangements**
- **Learning contract**
- **Structure of the learning experience**
- **Clinical, interdisciplinary, and cultural sensitivity skill development**
- **Documentation**
- **Integration into the clinical setting**
- **Summary of the clinical experience**

Students selected for a community-based clinical experience should have a strong interest in community practice. Because learning activities in a small practice may be very different from those in a teaching hospital, students can improve their ambulatory care clinical skills, increase exposure to diverse cultures, strengthen cultural competency skills, and become self-sufficient enough to work under supervision of a preceptor. Students can promote a positive experience by clearly articulating their interests, concerns, and questions.

Programs with required community-based experiences provide students with established training sites and educational goals. They provide community-based preceptors who have strengthened teaching relationships with the academic institution and who have increased opportunities for clinical teaching. They usually have explicit goals to promote primary care career choices.

In programs without an established community-based experience, students must seek external placement through another school, a professional organization, or a personal contact. They must obtain approval of their home institution and establish a liaison such as the NHSC SEARCH program for evaluation and follow up.

Orientation to the Clinical Experience

Students must be well-oriented to the academic and clinical objectives of the community-based clinical experience. Balancing the combined responsibilities in a new setting with an unfamiliar preceptor is often difficult. It is therefore essential for students to seek guidance from faculty members and preceptors.

After the student is assigned to a preceptor, the student has the responsibility of contacting the preceptor to arrange an initial meeting or telephone conference. The purpose of this meeting is to begin a personal relationship; work out housing, transportation, and parking logistics (if such logistics are not already coordinated by the program director); and discuss learning objectives. This introduction to the practice site, staff, and community is essential to student orientation.

At this meeting, the student and preceptor should discuss:

- The student's specific learning objectives, for example, specific procedures such as cyst removal, skills such as history taking, coordination of care with nursing homes and home health providers, and so forth
- Establishment of a supervision schedule
- Questions about the site
- Student responsibilities and expectations
- Preceptor responsibilities and expectations
- Training required prior to clinical activities, such as OSHA, universal precautions, and so forth

It may be useful to discuss cultural differences that my be present in the community and to begin to introduce strategies for effective preceptor-student-patient interactions. Orientation to policies and procedures related to effective working relationships might also begin at this time.

Financial and Logistical Arrangements

Community-based clinical experiences often take students to new communities. It is important that financial, transportation, housing, and other arrangements be finalized before the experience begins. The student works with academic advisors to establish:

- Ground rules for reimbursement of travel mileage
- On-site housing, if any, or a housing stipend
- Any provision for student meal tickets
- Coverage of any other expenses
- Parking arrangements
- Dress code
- Telephone use and message system
- On-call schedule
- Other aspects of daily life

Learning Contract

The learning contract is often used as the summary of the individualized objectives of the community-based clinical experience. Some preceptors choose a more informal dialogue in lieu of the learning contract.

It is important to select realistic objectives for a short-term training experience. The contract must integrate student and preceptor interests with the resources and needs of the community-based practice.

Students who are required to complete many write-ups of patient care visits and detailed case studies will not have as much discretion in developing the learning contract as those whose only requirement is a specified number of clinical encounters and an open-ended community health project.

The preceptor and student agree on the contract at the beginning of the clinical experience.

Structure of the Learning Experience

Because community-based experiences are individualized and diverse, many schools find standardized forms useful in providing structure to the major aspects of the preceptor-student relationship. (See appendix for sample forms.) Some key components complemented by forms are:

- Learning contract or alternative educational plan
- Pre-placement student profile
- Pre-placement inventory of student clinical skills
- Inventory of community-oriented primary care skills
- Checklist guide to the practice
- Checklist guide to required components of student orientation
- Evaluation

Clinical Skill Development

The student and preceptor must address the programmatic clinical skill requirements of the training program. The training site also may have specific requirements for each student, such as attendance at a board meeting or participation in a patient health education project. Students and preceptors often use a preliminary clinical skill inventory for a baseline to plan objectives.

Implementation of day-to-day clinical teaching is facilitated by ongoing student monitoring of:

- Types of problems seen
- Follow up of identified patients
- Procedures mastered

Again, strengthening cultural competence (such as awareness, knowledge, skills, and a capacity for effective action) may be a part of several components or may be established as a core component of the structure of the learning experience.

A student interested in improving clinical skills in women's health, for example, would clearly identify the interest, request assignment to female patients requiring clinical care, become involved in site- and community-based education offered to women, and maintain a record of activities

related to the area. Students also might be encouraged to make observations linked to cultural differences.

Documentation

Students are responsible for documenting all requirements for credit and are usually required to record the following:

- A log of patients seen with preceptor supervision, including number of patients, age, chief complaints, and diagnoses
- A detailed log of continuity patients seen for more than one visit
- Procedures performed and mastered
- Participation in community health and patient education activities

Students are responsible for case studies and write-ups of required histories and physical exams and for and community health project documentation/materials/reports. When a student has difficulty with assignment to specific patients, the student should ask the preceptor to become more involved with patient selection and scheduling or focus on skill-building to overcome identified difficulties.

Integration into the Clinical Setting

Students who make a concerted effort to become an integral part of the clinical practice typically gain greater insight, a broad overview, appreciation, and experience. It is important for the student to establish a work schedule that includes exposure to the preceptor's community-based practice, including ambulatory and inpatient patient visits and the coordination of care with community-based resources such as home health, hospice, nursing homes, public health nursing, and so forth. This requires good coordination of schedules, effective communication, and student preparation.

Students maintain high professional standards by:

- Reading all assigned articles
- Seeking out information that could be helpful in the care of specific patients, including information related to meeting the needs of culturally diverse patients, especially those from diverse backgrounds
- Researching information related to other practice projects such as screening, health fairs, and educational programs, including information related to meeting the needs of culturally diverse patients
- Participating in community board and staff meetings
- Attending conferences and quality assurance reviews

While working in a community-based clinical experience, the active student works with the preceptor to:

- Observe a variety of health care professionals
- Visit other community social service agencies
- Become acquainted with the patients and community
- Become acquainted with complementary and alternative medicine beliefs and therapies used by the target population
- Develop awareness, knowledge, skills, and action plans to continually strengthen capacity to provide culturally competent health care services
- Develop awareness and strategies to provide health care services to patients who speak a different language, who speak English as a second language, or who have limited reading skills

In addition, the site's social events and casual interactions among staff expose the student to the informal relationships that are very much a part of community-based practice.

Summarizing the Clinical Experience

In many cases, the student delivers a final summary of the experience in a meeting with the preceptor, in written evaluations, and in reports and/or personal reflections. Students should take an active role in scheduling the final evaluation meeting. They should submit any forms, write-ups, and papers for review well in advance. If they have prepared an independent study project, they will often leave a copy with the preceptor.

The summary usually includes the final review of the learning contract. Typically, students are responsible for documenting appropriate clinical encounters, procedures, community experiences, and other activities relevant to objectives and strategies in the contract.

Students are expected to make a systematic effort to inform members of the practice site staff that they are leaving and to thank everyone who contributed to a positive learning environment. If there is overlap with a new student, preceptors may seek the departing student's help in orientation.

PRECEPTOR GUIDE TO COMMUNITY -BASED CLINICAL EXPERIENCES

Note: Much of this section is based on *PEP: Preceptor Education Project.* Kansas City, Missouri: Society of Teachers of Family Medicine; 1992.

In this section:

- **Planning the experience**
- **Orientation**
- **Establishing educational objectives**
- **Developing the learning contract**
- **Coordinating the student clinical role**
- **Clinical teaching**
- **Student evaluation**

Preceptors are generally attracted by the opportunity to work one-on-one with students and the stimulation of being part of an educational program. The best preceptors are excellent clinical teachers who balance clinical responsibilities with community-based student education, developing mutual respect of patients, keeping close involvement with the community, and being dedicated to serving medically underserved populations by practicing where their service is in dire need. In each clinical encounter, they teach application of basic science knowledge, skill development, and negotiation. Close cooperation between the preceptor and student allows substantive work on clinical skills, community-oriented primary care, and cross-cultural issues.

Planning the Experience

The preceptor usually receives student assignment notification from the educational program two to four weeks before the preceptorship begins. (In rural areas, assignments may be made four to six weeks in advance because of the competitive nature of selecting these training sites and the limited ability of sites to teach one student at a time.) The preceptor sends a welcoming letter inviting the student to set up a meeting to plan the first day at the clinical site. The letter should include a Student Profile Form and a Clinical Skills Inventory, which are to be returned to the preceptor.

Before the meeting, the preceptor reviews the student's Clinical Skills Inventory and Student Profile, organizes a packet of orientation materials that includes health center/practice information, and, when applicable, prepares a blank learning contract.

Before the student begins, the preceptor formally informs the staff of plans for the student and makes any necessary patient scheduling adjustments to facilitate orientation and supervision. Two or three days before the student arrives, the preceptor reminds other staff and may identify several

scheduled patients for the student to see in the first week in tandem with the preceptor or clinical staff.

Many community-based clinical training sites post a notice to inform patients that a student is working in the practice. A typical poster includes the student's name, academic affiliation, and training experience duration. Signs should be posted before the student arrives.

Orientation

The initial meeting with the student sets the tone for the working relationship. It is therefore essential that the preceptor allocate at least one hour for the meeting.

The meeting includes basic guidelines for the student, practice orientation, review of the student's Clinical Skills Inventory and Student Profile, review of the Inventory of Community Oriented Primary Care (COPC) Skills, and development of the learning contract for the preceptorship. Often the learning contract can be completed at the first meeting, but preceptors and students may choose to do so by the end of the first week.

The preceptor informs the student about the cultural differences and patterns among the patient population, unique practices or key organizational policies, history relevant to such practices, its minority composition, and the preceptor's special interests and responsibilities. The student is also told about the daily schedule, logistical details (such as parking and lunch time provisions), dress code, student inpatient and outpatient responsibilities, and procedures to follow if either student or preceptor cannot be in the office.

The preceptor introduces the student to the staff, provides a workspace, and gives a tour of the training site, including any diagnostics, lab, dental and mental health services, records, front desk, patient waiting and exam rooms, patient and clinical library, educational reference materials, and so forth. The preceptor may ask staff members responsible for each area to arrange orientation and training for the student.

The student also should be oriented to procedures for appointment scheduling and ordering diagnostic tests and referrals. Because this is a lot of information to be conveyed in one meeting, many preceptors use a standardized checklist of points to be covered, schedule time for other staff to cover these processes, and give the student written materials that summarize the information. It can be useful to provide relevant materials excerpted from an organizational policies and procedures manual or similar guidelines.

Establishing Learning Objectives

The preceptor is responsible for establishing learning objectives for the student. These may include a set of clinical skills expected of all students doing rotations at the facility, completion of a family history or case study, research or experiential inquiry into an issue related to cultural

competency, participation in a community health promotion project, or assistance in a research project.

Materials about program requirements of the training institution must be carefully reviewed and integrated. This material is used to map out a plan for the preceptorship and to develop goals for inclusion in the learning contract.

The preceptor can use the Student Profile Form and the Clinical Skills Inventory to gain a preliminary understanding of the student's interests and skills.

Developing the Learning Contract

The learning contract is an open-ended form provided by the academic program. It is designed to allow the preceptor and student to add individualized student goals to the baseline goals and objectives required by the training program. Some preceptors and educational programs prefer to use a less formal means of structuring the training experience.

The preceptor's role in drafting the learning contract is to help the student articulate ideas, provide information that can help shape goals, and support ambitious but realistic goals.

At the onset of the clinical experience, the student and preceptor separately complete sections of the contract outlining each person's goals. At a negotiation meeting, they seek to identify the strategies necessary to meet these goals. They then summarize a composite, agreed-upon statement of the student's individual goals and strategies.

Coordinating the Student Clinical Role

The preceptor must assume responsibility for coordinating the student's educational activities. This includes organizing weekly and daily student schedules, assigning patients to be seen by the student, and informing patients of the student's role.

The preceptor allows time for student observation or "real-time" teaching during patient visits, follow-up examinations of the patients seen by the student, medical records review and oversight of orders for diagnostic testing and referrals, review of the day's activities, and questions or discussion of difficult cases or areas the student needs to develop. Skilled preceptors learn to pace themselves and their students.

When the clinical experience includes participation in educational or health promotion activities that are not part of the preceptor's usual duties, the preceptor coordinates the student's involvement with appropriate staff members who work with the student for that portion of the training experience.

Clinical Teaching

Direct clinical teaching is the core of the community-based clinical experience. Good clinical teachers in these settings possess a unique set of skills, including proficiency in two-way communication, creating a facilitative learning environment, and providing constructive feedback. They view the student as a peer who gains knowledge and skills through experiential learning and problem solving.

The clinical experience includes a student self-assessment of skills, a learning contract, a regular teaching/learning schedule of observed patient encounters, feedback, problem solving, and evaluation. Students are treated as colleagues and are challenged to be active participants in developing goals. The preceptor directs an ongoing process of eliciting the student's own assessment of needs, progress, and interests.

There must be designated time when the preceptor and student are free of patient care demands and in relative privacy to further explore personal and professional issues.

Teaching Styles

Experienced preceptors recognize that clinical teaching requires the use of various teaching styles to accomplish the wide range of educational tasks of the community-based clinical experience. Preceptors should have the flexibility to adjust style and methodology to individual students and teaching contexts. Styles that are useful in clinical teaching are:

- ASSERTIVE: Give directions, ask questions, and give information
- SUGGESTIVE: Offer an opinion, teach through leading questions or statements, relate one's own experiences and summarize
- COLLABORATIVE: Explore and elicit student ideas and empathize with the student
- FACILITATIVE: Elicit student feelings while offering one's own feeling and encouragement

These teaching styles are tools, not personality traits.

Teaching Methods

Teaching methods used by preceptors in clinical experiences are the mini-lecture, questioning of the student, demonstration, role modeling, and observation/feedback.

<u>Mini-Lectures</u>
Preceptors use didactic presentations of about 10 minutes' duration, known as mini-lectures, to give information or directions to their students or to correct misinformation.

Preceptors often schedule these short teaching sessions as follow ups to a series of patient visits or just prior to the patient schedule

Alternatively, the preceptor can assign the student to prepare a specific topic and give a mini-lecture to the preceptor and other staff. Preceptors and students can use prepared modules for the *National Health Service Corps Educational Program for Community and Clinical Issues in Primary Care* or develop their own lecture materials.

Questioning

Preceptors use questioning to involve students in the learning process and allow a free flow of information and opinions. Closed-ended questions that have a single response or a yes/no answer can be used for data collection of specific information but do not naturally lead to an easy exchange of information. Examples are:

- Did Mrs. Brown bring her mother to clinic today?
- Have we received the laboratory reports?
- What is the immunization status of the child?

Open-ended questions have multiple appropriate answers, and they prompt discussion between the preceptor and student. The questions may be narrowly focused to ascertain a specific explanation or a comparison between two patient encounters. They may also be broad-based, challenging the student to make predictions, develop hypotheses, defend an action, or justify a decision. Examples are:

- Why do you think Mrs. Ramirez developed a fever?
- Could you compare and contrast the two skin conditions you saw today?
- If the patient continues to fail to thrive on this regimen, what do you recommend we do?

Demonstration

Preceptors demonstrate patient interviewing skills, examination, and procedures to teach students how to perform these tasks. With patient approval, the student observes preceptor-patient encounters and debriefs with the preceptor afterward. These observations are most effective when the student has been given a structured observation guide or list of questions as a resource.

When the preceptor demonstrates a skill, he or she carefully identifies the procedure and calls attention to each step during the demonstration. Following the demonstration, the preceptor asks the student to summarize the procedure observed. The preceptor presents other uses of the procedure, complications, and additional information. Optimally, the student has an opportunity for supervised completion of the same type of procedure soon afterward.

Role Modeling

Preceptor behavior serves as a role model for the student. The preceptor treats the student with respect and as part of the health care team. He or she sets a positive professional example by integrating the following behavior:

- Demonstrating a mature approach through focused communication, sound clinical work, reliability, and high ethical standards
- Exposing the student to professional life and schedules

- Giving clear indications of time restraints
- Being responsive to student needs
- Honoring appointments and commitments
- Introducing the student to professional organizations and activities
- Exposing the student to strategies for ongoing personal and professional development (for example, learning opportunities that continually unfold in areas such as cultural differences and alternative or complementary medicine interests and pursuits of patients)
- Involving the student with colleagues of many disciplines
- Sharing professional and ethical issues and conflicts
- Introducing the student to delivering culturally competent health care to diverse populations

Observation

Direct observation of the student is the primary way the preceptor can assess the student's clinical and interpersonal strengths and weaknesses. When the preceptor is in the examination room with the patient and student, he or she sees the complete progression of the encounter while communicating personal concern for both the patient's care and student's education.

Good observation is grounded in collection of information rather than interpretation of the findings. The preceptor looks at:

- Identification of the players: student, patient, family members, etc.
- Action of the encounter: activities completed, pace, and behavior of players
- Organization of the encounter
- Duration of the encounter
- Cultural awareness, knowledge, and skills

Direct observation findings contribute to the preceptor's development of a clinical teaching plan to reinforce areas of strength and improve areas of weakness. By scheduling time each day to observe the student, the preceptor builds a progressive view of the student's accomplishments, needs and interests.

Feedback

The preceptor provides feedback to the student about performance. This feedback is based on directly observed clinical encounters, presented cases, observation of the student's interaction with other staff and patients, and review of written material submitted by the student.

Before meeting with the student, the preceptor organizes and balances observations and decides what level of feedback to give. Options include:

- LOWEST LEVEL: Summarizing observed activities without interpretation
- MID-LEVEL: Adding a personal reaction to the summary
- HIGHEST LEVEL: Including a summary, personal reaction, and prediction of likely outcome, based on the preceptor's experience

The most useful feedback is given promptly, in a relaxed atmosphere, in a private setting, and in a manner that focuses on content and communication. The preceptor emphasizes behavior and balances positive and negative aspects of the feedback. Interchanges are brief and include follow-up plans for the student to pursue. Feedback opens communication, permits coaching, and structures steps for improvement without evaluation.

Student Evaluation

The preceptor uses evaluation methodology required by the academic institution and his or her own educational approach. Data are collected throughout the experience and are usually summarized in a meeting with the student and a report to the educational program.

The preceptor uses many types of information to develop the evaluation, including direct observation, student questioning, demonstration, review of medical records, student presentations, student self-assessment, the Clinical and COPC Skills Inventories, and testing. The preceptor also reviews learning contract goals.

Ongoing assessment is essential for a valid student evaluation. Student observation, testing, and evaluative meetings are best if regularly scheduled throughout the clinical experience. It helps to give the student a schedule of evaluative activities at the outset and then adhere to the schedule. A midpoint review can be used to structure a discussion with the student halfway through the assignment.

Most programs provide preceptors with evaluation forms. These forms include sections on student attitudes and interpersonal skills, cultural competency, clinical skills, and clinical knowledge. If a project is required, the preceptor, as well as the staff coordinator of the student's project, are usually involved in its evaluation.

Students also are asked to evaluate the community-based clinical experience and the preceptor. This information is important to program development and evaluation. It also can be used for faculty development. The Inventory of COPC Skills may be used in guiding this evaluation.

The preceptor and student should schedule a session to review the evaluation materials that will be submitted to the academic program. The preceptor should use this meeting to discuss the clinical experience, note the student's professional growth, and make suggestions for improvement and continuing education. The preceptor also may invite the student to maintain contact and arrange for follow-up meetings or future professional interaction.

TRAINING EXPERIENCES FOR HEALTH PROFESSIONAL STUDENTS

In this section:

- **Dentistry programs**
- **Medicine programs**
- **Nurse-midwifery programs**
- **Nurse practitioner programs**
- **Physician assistant programs**

This section provides information about general requirements of different health professional disciplines, licensing requirements, liability insurance requirements, and typical learning objectives for students who choose a community-based rotation or externship.

While requirements are set by each program, general considerations about appropriateness of community-based clinical experience for course credit or clerkship requirements include:

- Accreditation of the preceptor
- Documentation of standardized learning objectives with an evaluation strategy
- Ability of the site's staff and programs to provide the clinical encounters necessary to meet the learning objectives

Dental Education

Predoctoral dental education is typically completed over a four-year period. The first two years focus primarily on didactic classroom instruction, followed by two years of clinical experiences. During the third and fourth years, many students complete externships—clinical experiences outside of the dental school. These may be available in community-based systems of care.

Second-year dental students are required to take the National Dental Board Examination Part I, while fourth-year students take Part II. No form of dental licensure is granted to predoctoral dental students.

When dental students are placed by their schools in rotations or externships outside the institution, they are typically covered by the school's liability insurance. Participation in externships, which may be sanctioned but not sponsored by the dental school, may require students to obtain independent liability insurance. The American Student Dental Association can direct students seeking such coverage to several companies with appropriate products.

Community-Based Clinical Experiences

Dental students participating in community-based externships work under the supervision of a dentist (D.D.S. or D.M.D.). Community-based clinical experiences for dental students vary in length and may be used as elective rotations or to meet specific curriculum requirements.

Learning Objectives

Typical learning objectives for dental students include:

- Implementation of oral health and oral cancer screening
- Oral hygiene education
- Participation in preventive programs addressing periodontal disease, tooth decay, and fluoride, including culturally appropriate materials and approaches
- Tooth extractions
- Amalgam and composite resin restorations
- Pit and fissure sealants
- Denture repairs
- Incisions for drainage
- Prophylactic care
- Introduction to community dentistry
- Introduction to practice management
- Effective and culturally competent communication with the patient, including the use of interpreters and appropriate body language
- Involvement of the patient in his/her care and his/her use of complementary and alternative therapies

- Participation in a multidisciplinary health care team
- Introduction to the economics of health care
- Introduction to cultural competency training
- Introduction to role of complementary and alternative medicine in community-based primary care

Medical Education

Medical education in allopathic and osteopathic medical schools is composed of didactic education and clinical education in ambulatory and inpatient settings. Ambulatory education for medical students is carried out in outpatient programs located at the medical center and at a variety of community-based clinical settings.

In many medical schools, introductory clinical experiences begin very early in the educational process. By the third year, all medical student education is focused on clinical clerkships in the full range of medical and surgical areas.

Community-based primary care clinical clerkships for medical students are supervised by preceptors in practice in community health centers, private practice, health maintenance organizations, and other provider groups. The community-based clinical experience is characteristically in a primary care discipline of family practice, general internal medicine, pediatrics, or obstetrics/gynecology.

Medical students who participate in community-based clinical experiences have successfully completed the first and second years of medical school and have, in many cases, passed Step I of the United States Medical Licensing Examination (USMLE).

Those participating in a community-based clinical experience sponsored by their medical school are covered by the school's liability insurance. Students in an elective experience sponsored by another medical school or organization may have continued liability coverage from the home school or the other school.

Community-Based Clinical Experiences

Medical students in many programs are required to complete at least one clerkship in a primary care specialty in a community setting. Clerkships are four- to six-week clinical experiences with specific learning objectives under the supervision of a preceptor working in collaboration with the medical school faculty. Community-based clerkships may be used to meet medical student requirements for credit in family medicine, general internal medicine, pediatrics, or obstetrics/gynecology.

Learning Objectives

Typical learning objectives for medical clerkships in primary care include:

- Basic history taking
- Physical examination and diagnostic skills
- Management of common ambulatory care problems
- Use of laboratory tests, radiology, and other diagnostic tools

- Use of referrals and consultation
- Promotion of continuity of care
- Assessment of patient, family members, and community agencies' roles in health promotion, including culturally appropriate materials and approaches
- Disease prevention and health promotion
- Effective and culturally competent communication with the patient, including the use of interpreters and appropriate body language
- Involvement of the patient in his/her care and his/her use of complementary and alternative therapies
- Participation in a multidisciplinary health care team
- Introduction to the economics of health care
- Introduction to practice management
- Introduction to cultural competency training
- Introduction to role of complementary and alternative medicine in community-based primary care

Because the relationship between the preceptor and the student is the core of the community-based experience, agreement on a learning contract for each clerkship is essential. The contract affords students and preceptors the opportunity to identify areas of interest (such as psychosocial issues, cultural issues, maternal and child health, or occupational medicine) that could be emphasized to enhance the basic requirements of the clerkship.

Nurse-Midwifery Education

Nurse-midwifery programs train health professionals prepared to provide primary care services for women and newborn infants, including maternity care, family planning, newborn care, and well-woman gynecology. Certified nurse-midwives practice independently and utilize physicians in collaboration and consultation for clients with identified risk factors. The education of certified nurse-midwives lasts between 12 and 24 months and covers antepartum, intrapartum, postpartum, newborn, and well-woman.

Certified nurse-midwives in the United States are registered nurses who may have completed a master's level graduate program with the nurse-midwifery training track or who have completed a certificate program. They are certified through the examination administered by the American College of Nurse Midwives. Foreign-trained nurse-midwives may complete a pre-certification educational program and may take the certification examination.

Community-Based Clinical Experiences

The American College of Nurse Midwives requires an eight-week clinical experience called an "integration" experience for all nurse-midwifery students. With appropriate supervision by a certified nurse-midwife, this integration experience can be completed in a community-based clinical site. Integration experiences include supervised clinical work in a variety of settings and may include research requirements.

Licensing is required for nurse-midwifery students participating in community-based clinical experiences under the supervision of a certified nurse-midwife. The student must be a registered nurse licensed in the state in which the training site is located. State nursing boards can give information about requirements for temporary nursing licenses for periods from 60 days to 6 months.

Nurse-midwifery students must meet the health requirements of their educational institutions and maintain health care insurance during the community-based experience. They must have professional registered nurse liability insurance through individual policies or through their educational institution. The roles and responsibilities are documented in a contract between the training institution and the integration site.

Learning Objectives

Typical learning objectives for community-based clinical experiences for nurse-midwifery students include:

- Management of care for pregnant woman and fetus throughout the intrapartal and immediate postpartal course
- Management of contraceptive care

- Family health education for the parturient couple, including a discussion about their use of complementary and alternative therapies
- Teaching/learning in preparing women and their families for childbirth
- Sexual education and counseling
- Identification of emotional/psychological components in the development of the family
- Identification of cultural components related to family structure, communication, decision-making patterns, and the delivery of services
- Recognition of intrapartum and postpartum complications
- Development of a theoretical framework for well-woman care, taking into consideration the patient's background and special needs
- Identification and care of a client at risk
- Collaboration in the management of patients with deviations from the norm
- Appropriate referral practice
- Introduction to cultural competency training
- Introduction to role of complementary and alternative medicine in community-based primary care

Nurse Practitioner Education

Advanced nursing practice as a nurse practitioner, according to the National Organization of Nurse Practitioner Faculties, is grounded in graduate-level education and in clinical practice that integrates health-related theories and research. The advanced nursing practice provided by primary care nurse practitioners is both autonomous and interdependent. Nurse practitioners are accountable as direct providers of clinical services in various settings using multiple practice models.

Nurse practitioner students, throughout the entire clinical placement experience, must have their own professional registered nurse liability insurance policy or must be covered by the liability policy of their educational institution.

Community-Based Clinical Experiences

A nurse practitioner student participating in community-based clinical experiences must be licensed as a registered nurse in the state where the training experience is located. State nursing boards can give information about requirements for temporary nursing licenses for periods of time from 60 days to 6 months.

Health providers who accept nurse practitioner students require that the students meet all health requirements of the educational institution and show proof of current tuberculosis screening or a chest radiograph and proof or signed waiver of vaccines.

Community-based clinical experiences for nurse practitioner students may be completed to meet course requirements for specific clinical areas, such as geriatrics or pediatrics, or to fulfill a rotation in general medicine or family practice. Prior to student placement in a community-based training site, the student is required to summarize completed courses and clinical work and to discuss the community-based rotation with the preceptor.

Many nurse practitioner students are required to complete a specific clinical experience prior to graduation in order to integrate skills and knowledge and solidify their new roles as direct providers of health care. This experience, which may in some cases take place in a community setting, may include research, project work, or emphasis on individual learning objectives.

Learning Objectives

Typical learning objectives for nurse practitioner students participating in community-based clinical experiences include:

- Basic history taking
- Physical examination and diagnostic skills
- Management of common ambulatory care problems

- Use of diagnostic tests
- Use of referrals and consultation
- Promotion of continuity of care
- Assessment of patient, family members, and community agencies in health promotion
- Identification of cultural components related to family structure, communication, decision-making patterns, and the delivery of services
- Disease prevention and health promotion, including culturally sensitive strategies and materials
- Effective communication with the patient, including the use of interpreters and appropriate body language
- Involvement of the patient in his/her care and his/her use of complementary and alternative therapies
- Participation in a multidisciplinary health care team
- Introduction to cultural competency training
- Introduction to role of complementary and alternative medicine in community-based primary care

Physician Assistant Education

Physician assistants provide diagnostic, assessment, and medical management care under the supervision of a physician. They practice in hospitals, community health centers, group practices, health maintenance organizations, and other health care settings. With supervision, they work in family practice, general medicine, pediatrics, obstetrics and gynecology, and many medical and surgical subspecialties. Physician assistants can prescribe medications in 32 states, the District of Columbia, and Guam.

Students in physician assistant programs typically have prior experience as health care professionals or volunteers and have completed a minimum of two years of college-level work. Most programs award a bachelor's degree and certificate upon completion of the course of study. There is a trend to develop programs so that an advanced degree can be awarded.

Following program completion, physician assistants are certified by the National Commission on Certification of Physician Assistants with recertification every two years based on continuing education and every six years by examination.

Physician assistant education is made up of the didactic education year with limited clinical exposure in courses on history-taking and physical examination skills, and on the clinical year with rotations in general medicine, family medicine, surgery, obstetrics and gynecology, pediatrics, emergency medicine, and the optional electives such as orthopedics, trauma surgery, and occupational medicine.

Physician assistant program liability coverage extends to students completing program-sponsored rotations. For community-based clinical experiences under auspices other than the training institution, it is necessary for the student and the program to ensure that the clinical site has appropriate coverage that includes the student or to obtain an independent policy to cover the student.

Community-Based Clinical Experiences

Community-based clinical experiences for physician assistant students may be completed during vacation periods or to meet rotation requirements in clinical disciplines. Students are supervised by physician preceptors or physician/physician assistant teams.

Physician assistant students who participate in community-based clinical experiences to meet clinical rotation requirements have completed the didactic portion of their curriculum. Community settings and preceptors must be accepted by the training program and work in close collaboration with the faculty member supervising all rotations. The roles and responsibilities are documented in an affiliation agreement between the training institution and the community site.

Learning Objectives

Typical learning experiences for physician assistant students participating in a community-based clinical experience include:

- Application of basic medical science knowledge in clinical practice
- Comprehensive interview
- Physical examination and diagnostic skills
- Management of common ambulatory care problems, including application of principles of clinical pharmacology
- Use of laboratory tests, radiology, and other diagnostic tools
- Use of referrals and consultation
- Competency in procedures such as injections, venipuncture, intravenous catheterization, etc.
- Promotion of continuity of care
- Patient education
- Identification of cultural components related to family structure, communication, decision-making patterns, and the delivery of services
- Disease prevention and health promotion including culturally sensitive materials and approaches
- Effective communication with the patient, including the use of interpreters and appropriate body language
- Involvement of the patient in his/her care and his/her use of complementary and alternative therapies
- Participation in a multidisciplinary health care team
- Introduction to cultural competency training
- Introduction to role of complementary and alternative medicine in community-based primary care

SAMPLE EDUCATIONAL FORMS

In this section:

- **Student Profile**
- **Clinical Skills Inventory**
- **Inventory of COPC Skills**
- **Orientation Checklist**
- **Informative Poster**
- **Learning Contract**
- **Midpoint Review**
- **Preceptor Evaluation of Student**
- **Student Evaluation of Preceptor**

STUDENT PROFILE

Identification

Name _____

Nickname or name you prefer to be called _____

Street address _____

City/State/Zip Code _____

Home Telephone/Other Telephone (if applicable) _____

E-mail address _____

Birth Date _____ Gender _____ Soc. Sec. No. _____

Family information (optional): Marital status _____

Spouse's/Partner's name (if applicable): _____

Children's names and ages (if applicable): _____

Emergency Contact Person

Name _____ Telephone _____

Education

Give institution, graduation year, degree, and major:

Current training _____

Undergraduate _____

Other degree _____

NHSC scholarship or other scholarships, awards focused on medically underserved populations _____

Student Assignment

Preceptor _____

Site _____

Temporary address and telephone _____

STUDENT PROFILE
PAGE TWO

Clinical Background
List major clinical experiences completed:

List other clinical/ambulatory care experiences completed:

Clinical Interests
What aspects of health care do you find most interesting? Why?

What aspects of health care do you find least interesting? Why?

What are your major career interests? (Primary care? Specialty? Undecided?)

Learning Style
Based on your experience and knowledge, please answer the following.

Describe the qualities of an effective teacher.

How do you learn best?

What are your responsibilities as a student?

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual.* Kansas City, MO: Society of Teachers of Family Medicine, 1992.

CLINICAL SKILLS INVENTORY

Name _____

Please rate your competency with the following skills and procedures. Please circle one.

0 = No previous experience, skill, or competence
1 = Some experience but still require supervisi on
2 = Much experience, require little supervision

Interview	No Exp.	Some Exp.	Much Exp.
Basic interview	0	1	2
Cross-cult. comm.	0	1	2
Developmental assess.	0	1	2
Family assessment	0	1	2
Occupational history	0	1	2
Risk assessment	0	1	2
Sexual history	0	1	2
STD/HIV screening	0	1	2
Other_____	0	1	2

Procedures	No Exp.	Some Exp.	Much Exp.
Abscess inc./drain	0	1	2
CPR	0	1	2
Foreign body removal	0	1	2
Gram stain, interpr.	0	1	2
Growth chart	0	1	2
Hematocrit	0	1	2
Injection	0	1	2
KOH, skin/vaginal	0	1	2
Laryngoscopy	0	1	2
Pap smear	0	1	2
Rapid strep	0	1	2
Stool test, blood	0	1	2
Suturing	0	1	2
Sut/staples removal	0	1	2
Telephone referral	0	1	2
Throat culture	0	1	2
Urinalysis	0	1	2
Venipuncture	0	1	2
X-ray interp., chest	0	1	2
X-ray interp., extrem.	0	1	2
Wet mount, vaginal	0	1	2
Write referral	0	1	2
Write prescription	0	1	2
Other_____	0	1	2

CLINICAL SKILLS INVENTORY
PAGE TWO

Please rate your competency with the following skills and procedures. Please circle one.

0 = No previous experience, skill or competence
1 = Some experience but still require supervision
2 = Much experience, require little or no supervision

Examination (Lifecycle stage)	No Exp.	Some Exp.	Much Exp.
Prenatal	0	1	2
Newborn	0	1	2
Postpartum	0	1	2
Infant	0	1	2
Child	0	1	2
Adolescent	0	1	2
Adult	0	1	2
Geriatric	0	1	2

Examination (Components)	No Exp.	Some Exp.	Much Exp.
HEENT	0	1	2
Heart	0	1	2
Lung	0	1	2
Chest	0	1	2
Breast	0	1	2
Abdomen	0	1	2
Back	0	1	2
Genitourinary	0	1	2
Extremities	0	1	2
Neurologic	0	1	2
Developmental (ped.)	0	1	2
Functional (adult)	0	1	2
Mental status	0	1	2
Other_____	0	1	2

Are there other areas in which you would like specific instruction?

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Wo rkbook and Instructor's Manual.* Kansas City, MO: Society of Teachers of Family Medicine, 1992.

ORIENTATION CHECKLIST

Items for the preceptor to include in the student's orientation to the practice site:

- Introduction to all staff with explanation of e ach person's responsibilities
- Student name tag and any required uniform
- Student parking
- Student mail
- Student schedule
- Preceptor schedule
- Sick day procedure
- Student work space
- Telephone system
- Laboratory and x-ray procedures
- Referral procedures
- Community tour
- Patient characteristics, cultural differences and patterns among the patient population, unique practices, or key organizational policies and history relevant to such practices

Student responsibilities to be included in the orie ntation:

- Communication with office and nursing staff
- Involvement in scheduling of patients
- Inpatient responsibilities
- Attendance at staff, quality assurance, and community board meetings
- Participation in specified community-oriented programs

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual*. Kansas City, MO: Society of Teachers of Family Medicine, 1992.

SAMPLE INFORMATIVE POSTER

TO OUR PATIENTS

WE ARE PLEASED TO PARTICIPATE IN THE UNIVERSITY OF XYZ

CLINICAL TRAINING PROGRAMS

FOR HEALTH PROFESSIONAL STUDENTS

PLEASE WELCOME THE STUDENTS WORKING WITH US DURING

MONTH, YEAR

STUDENT A (FIELD OF STUDY)

STUDENT B (FIELD OF STUDY)

THANK YOU FOR YOUR SUPPORT FOR THIS PROGRA M.

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual.* Kansas City, MO: Society of Teachers of Family Medicine, 1992.

LEARNING CONTRACT

Student _____

Preceptor _____

Introduction

Combining the interests and skills of students and preceptors working together in a community-based clinical experience can result in a rich learning experience. To make the best use of this opportunity and to accommodate individual student needs and interests, the student and preceptor negotiate a learning contract.

Plan for Establishing a Learning Contract

First week:

- Student receives learning contract form on first day.
- Student completes student section of contract, and preceptor completes preceptor section of contract.
- Student sets up meeting with preceptor for learning contract negotiation at end of week.
- At the negotiation meeting, student writes summary statement of student and preceptor goals. Student and preceptor sign learning contract.

Midpoint:

- Student and preceptor set a meeting for a midpoint review to assess the clinical experience in general and the learning contract goals.
- Student and preceptor make any necessary administrative and educational adjustments.

Last week:

- Student and preceptor set up meeting to review the clinical experience and evaluate progress on learning contract goals.

LEARNING CONTRACT (PAGE TWO)

Student Goals: In column A, list your most important goals for this clinical experience. In column B, list specific strategies you propose to meet these goals.

Column A	**Column B**
_____	
_____	
_____	

Preceptor Goals: In column A, list the three most important areas you think the student should focus on during this clinical experience. In column B, list your strategies for addressing these areas.

Column A	**Column B**
_____	
_____	
_____	

Summary: (To be completed by the student.)
Performance Goals and Strategies:

_____

_____

_____

Student Signature_____

Preceptor Signature_____

Date_____

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual*. Kansas City, MO: Society of Teachers of Family Medicine, 1992.

MIDPOINT REVIEW FORM

Student _____

Preceptor _____

Date _____

The midpoint review is an open-ended discussion to review the clinical experience in general and the specific goals and strategies of the Learning Contract. The review should be brief and focused on making adjustments to meet the needs of the student and preceptor. The checklist below is provided as a guide to the review.

Student perceptions:

Problems with schedule? Yes____ No____

If yes, specify:

Problems with staff? Yes____ No____

If yes, specify:

Clinical issues to discuss_____

Are learning contract goals realistic? Yes____ No____

Are learning contract goals achievable? Yes____ No____

Progress on goals?_____

_____

Changes of goals?_____

_____

Assistance needed in meeting goals?_____

_____

Other comments?_____

MIDPOINT REVIEW (PAGE TWO)

Preceptor perceptions:

Problems with schedule? Yes_____ No_____

If yes, specify:

Problems with staff? Yes_____ No_____

If yes, specify:

Clinical issues to discuss _____

Are learning contract goals realistic? Yes_____ No_____

Are learning contract goals achievable? Yes_____ No_____

Progress on goals?_____

_____

Changes of goals? _____

_____

Other comments? _____

_____

Adapted, with permission, from *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual.* Kansas City, MO: Society of Teachers of Family Medicine, 1992.

ADDITIONAL READING

1. Biback R, Catlin R, Quirk M, Beattie K, Slabaugh R. Teaching styles in the faculty-resident relationship. *J Family Practice*. 1981;13(6):895–900.

2. *Family Practice Residency Community/Migrant Health Center Linkage Manual*. Tucson, AZ: The University of Arizona College of Medicine; 1992. (American Academy of Family Physicians, 8880 Ward Parkway, Kansas City, MO 64114).

3. *National Health Service Corps Educational Program for Clinical and Community Issues in Primary Care*. Reston, VA: American Medical Student Association/Foundation; 1994. (American Medical Student Association/Foundation, 1902 Association Drive, Reston, VA 20191.)

4. *National Health Service Corps Health Promotion/Disease Prevention Orientation Manual for Site Coordinators and Preceptors.* Reston, VA: American Medical Student Association/Foundation; 1999. (American Medical Student Association/Foundation, 1902 Association Drive, Reston, VA 20191.)

5. *PEP: Preceptor Education Project. Participant Workbook and Instructor's Manual*. Kansas City, MO: Society of Teachers of Family Medicine; 1992. (Society of Teachers of Family Medicine, 8880 Ward Parkway, P.O. Box 8729, Kansas City, MO 64114.)

6. *Preceptor Handbook: Family Medicine Third Year Clerkship*. Memphis, TN: University of Tennessee College of Medicine; 1993–1994. (Department of Family Medicine, University of Tennessee, 1111 Union Avenue, Memphis, TN 38104.)

7. *Primary Care Futures Project: Teaching in Community Health Centers, Workshop Manual.* Massachusetts Statewide AHEC. May 1993. (University of Massachusetts Medical Center, Office of Community Programs, 55 Lake Avenue North, Worcester, MA 01655.)